NAACCR
Standards Volume V, Version 5.0
Summary of Changes

Changes from NAACCR Standards Volume V version 4.0 to version 5.0:

1. For new or updated interfaces, the LOINC code 22639-9 [Supplemental] is deprecated and LOINC code 35265-8 [Addendum] should be used in OBR-4. See Table 1.
2. For Synoptic Reports, use LOINC codes 60568-3 [Synoptic: Primary Report]; 60571-7 [Consultation note.synoptic]; and 60569-1 [Report addendum.synoptic] in OBR-4. See Table 2.
3. Amendments/Corrected Reports (do not have a separate LOINC code) should have Result Status (OBR-25) populated with an "F" for original Final Report; or "C" to indicate the message contains a correction to the previously transmitted report; "F" for the Final Report. Preliminary reports should not be sent to cancer registries.
4. Described different types of Pathology Report Formatting:
    a. **Traditional Narrative** can be further defined as
        i. Unstructured Narrative (OBR-4=11529-5 [Surgical Pathology Study Report] and OBX-3=33746-9 [Pathologic Findings]) which has no separation of report text into specific sections or
        ii. Structured Narrative (Refer to Table 1 and Table 2 to identify the appropriate LOINC codes), which has text for each section of the report separated into different OBX segments with the appropriate LOINC code, such as Clinical History, Nature of Specimen, etc.
    b. **Synoptic Reports** formatting are further described briefly below and fully described in the fully rewritten **Chapter 3: Synoptic Reporting of Anatomic Pathology and Biomarker Reports**.

HL7 2.5.1 Fields	Synoptic Summary	Synoptic Segmented	Synoptic eCC
OBR-4:	|60568-3^Synoptic Report^LN|		
OBX-2:	|TX|	|TX|	|CWE|
***OBX-3: First 3 OBX Segments**	|60573-3^Report Template Source^LN| |60572-5^Report Template ID^LN| |60574-1^Report Template Version ID^LN|	Same as described under Synoptic Summary	Same as described under Synoptic Summary
OBX-5: 1st OBX Segment	|CAP Synoptic Summary|	|CAP Synoptic Segmented|	|CAP eCC|
OBX-5: 2nd OBX Segment	|Name of CAP Cancer Protocol case summary used for the report|	Same as described under Synoptic Summary	CAP Cancer Protocol template ID of template used, such as |128.100004300^PROSTATE GLAND: Radical Prostatectomy^CAPECC|

HL7 2.5.1 Fields	Synoptic Summary	Synoptic Segmented	Synoptic eCC
OBX-5: 3rd OBX Segment	Version number found on the CAP Cancer Protocol document, such as |4.0.1.1|	Same as described under Synoptic Summary	Version Number, such as|3.003.001.REL|
All Remaining OBX segments	Includes each Q&A from the CAP cancer checklist template on a separate line, but all lines are stored in OBX-5 within 1 OBX segment. Using these escape characters \X0D\\X0A\ when mapping path text to one OBX row.	Retain OBX question/answer rows under the parent OBR and will contain the actual content of the pathology report in synoptic format. OBX rows with question/answer pairs will place question text into OBX-3.2 and answer text into OBX-5. If the synoptic report is derived from a CAP eCC, then every effort should be made to use the eCC metadata and produce a properly encoded synoptic eCC report with all relevant question and answer identifiers.	A "fully encoded" message style that includes each Q&A pair in separate OBX segments with one or more identifiers from the XML template included in OBX-3.

*Note: The template source, template ID and template version may or may not be available

5. Provided guidance on how specimen identifiers from multiple facilities should be reported in the HL7 message. (Sections 1.7 and 1.8)
6. MSH-21 [Message Profile Identifier] = |VOL_V_50_ORU_R01^NAACCR_CP|
7. PID-3 [Patient Identifier List] example corrected to demonstrate that the CX data type requires that PID-3.4 [Assigning Authority] is populated and PID-3.6 [Assigning Facility] is RE. Revised example below:

   |010203040^^^STJ&1679664395&NPI^MR^ ST. Joseph's Hospital (STJ) ~111223333^^^^SS^~97 810430^^^HITECK PATH LAB-ATL&3D9328409&CLIA^PI^HITECK PATH LAB-ATL|
8. ORC-21 [Ordering Facility Name] is now Required, not Conditional.
9. OBR-16 [Ordering Provider] is now Required, not Conditional.
10. OBR-31 [Reason for Study] changed from CE datatype to CWE datatype
11. OBX-3: For new or updated implementation, LOINC code 22639-9 (Supplemental report) has been deprecated and should not be used anymore. LOINC code 35265-8 (Path report.addendum) should be used for narrative supplemental reports and LOINC code 60569-1 (Report addendum.synoptic) should be used for CAP synoptic checklists that are specific to a tumor marker/biomarker test.
12. Added guidance on formatting characters to be used in OBX-5 to display text in better reading format. The formatting character \X0D\\X0A\ should be used for carriage-return-linefeed. This

formatting character would typically only be used in OBX-5 for narrative reports (structured and unstructured) and Synoptic Summary reports.

13. Removal of escape characters from text. See guidance provided in Chapter 2 OBX Field Definitions under OBX-5 guidance.
14. OBX-4 [Observation Sub-ID] use in Synoptic Reports should be used to group all of the items that the header refers to with the same numeric value. The items that are “nested” within that header should all share the same OBX-4 Observation Sub-ID value that is defined in the OBX containing the header, making it easier for registries to understand the grouping of the entered information. This is fully described with example in section 3.4.2.2 of Chapter 3.
15. SPM Segment is required for reporting.
16. SPM-5 [Specimen Type Modifier] is Required or Empty.
17. SPM-8 [Specimen Source Site] is Required or Empty.
18. SPM-11 [Specimen Role] is Required or Empty.
19. SPM-30 [Accession ID] and SPM-31 [Other Specimen ID] have been pre-adopted from HL7 2.7 to track complex flows of information among multiple institutions, several of which may assign their own Specimen ID and/or Accession Number to the case or portion thereof. See guidance in Chapter 2 SPM Segment description under SPM-30 and SPM-31 Field Definitions.